



Louisville Metro Air Pollution Control District

Gas Station: Construction or Modification Application

Mail application to:
850 Barret Avenue
Louisville, KY 40204
OR
FAX to: (502) 574-5607

(502) 574-6000
www.louisvilleky.gov/apcd

In accordance with District regulation 2.03, section 1, you may not install, modify, or operate a facility unless a permit has been issued by the District. Please complete all requested information in this application. Incomplete applications may result in denial of a permit to construct or operate the facility.

Section 1: Station Information

Plant (Facility) name:

Plant street address:

City:

ZIP:

Station Phone Number:

Please complete the appropriate section for operator information. If you are a company, only complete Section 2; if you are an individual, only complete Section 3.

Section 2: Company Operator Information

Company Name:

Company Address:

City:

State:

ZIP + 4:

Company Representative:

Title:

Representative's e-mail:

Representative's telephone:

Cell Phone:

Section 3: Individual Operator Information

Name:

Address:

City:

State:

ZIP + 4:

Operator's e-mail:

Operator's telephone:

Cell Phone:

Section 4: Billing Contact (Check if same as operator ☐)

Name:

Address:

City:

State:

ZIP + 4:

Billing e-mail:

Billing telephone:

Section 5: Contractor Information

Contractor Name:

Contractor Address:

City:

State:

ZIP + 4:

Contractor Representative:

Title:

Contractor's e-mail:

Contractor's telephone:

Cell Phone:

Description of Work

Provide a brief description of the work being performed:

Construction Start Date:

Expected Construction End Date:

Preliminary Test Date:

Compliance Test Date:

Stage I Controls

Stage I Vapor Balance Equipment Type: Coaxial _____ Dual Point _____ (New construction must have dual point.)

Vapor Balance Equipment Manufacturer:

Pressure Vacuum (P/V) Valve Manufacturer:

P/V Valve Model:

Stage II Controls

Stage II Vapor Recovery and Control System Type :

Stage II Equipment Manufacturer:

Nozzle Manufacturer:

Nozzle Model #:

Number of Nozzles (Gasoline Only):

Dispenser Manufacturer:

Dispenser Model #:

Tanks

Tank Registration Number (KY)	Individual or Split Tank	Tank Capacity (gallons)	Fill Line Diameter (in)	Vapor Line Diameter (in)	Fiberglass or Steel	Drop out tank (Y or N) with Siphon Line

Applicant Signature

BY:

Typed or Printed Name of Applicant

Date

Authorized Signature

Title of Applicant